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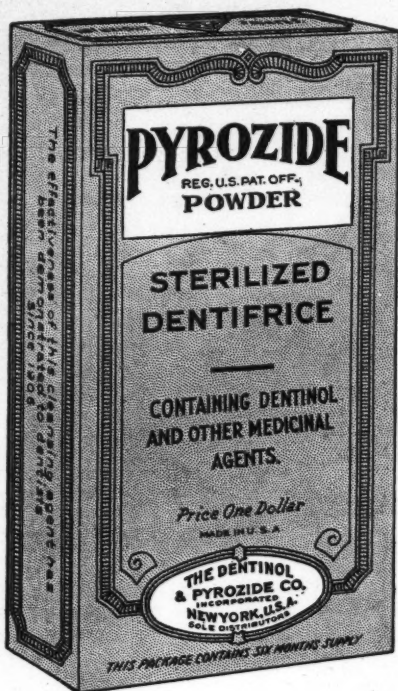
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JULY

July 5th to August 12th, 1927—Summer School for Dental Hygienists, University of Buffalo, Buffalo, N. Y. Dr. Daniel H. Squire, Dean, School of Dentistry, University of Buffalo, Buffalo, N. Y.

OCTOBER

October 20th to 22nd, 1927—American Academy of Periodontology, Hotel Statler, Detroit, Mich. Dr. J. Herbert Hood, Secy., 624 Hanna Bldg., Cleveland, Ohio.

October 21st and 22nd, 1927—American Society of Oral Surgeons and Exodontists, Statler Hotel, Detroit, Mich. Dr. Frank W. Rounds, Secy.

Week of October 24th, 1927—Third annual meeting of American Dental Assistants Association, Detroit, Mich. Maude Sharpe, General Secy., Suite 1202, 8 West 40th St., New York, N. Y.

October 24th to 28th, 1927—69th Annual Session American Dental Association, Detroit, Mich. Dr. Henry L. Banzhaf, Pres.; Dr. Otto U. King, Gen. Secy.

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October 24th to 28th, 1927—American Dental Hygienists' Association, Detroit, Mich. Ethel F. Rice, Secy., 721 North University Avenue, Ann Arbor, Mich.

Second A. S. I. Symposium on Stomatology

The second symposium on stomatology of the International Stomatological Association (A.S.I.) published by the A. R. Elliot Company, which appeared in *The Medical Journal and Record* (January 5, 1927), contains eleven original contributions by Alfred Owre, D.M.D., Minneapolis, Minn.; Frederick C. Waite, Ph.D., Cleveland, Ohio; Professor Oskar Romer, Leipzig, Germany; Anthony Bassler, M.D., New York, N. Y.; Alonzo Milton Nodine, L.D.S., London, England; Joseph W. Post, M.D., Philadelphia, Pa.; Byron C. Darling, M.D., New York, N. Y.; Professor Arrigo Piperno, M.D., Rome, Italy; George W. Mackenzie, M.D., Philadelphia, Pa.; Oskar Weski, M.D., Berlin, Germany; and George R. Satterlee, M.D., Alfred J. Asgis, D.D.S., and E. B. Hardisty, A.B., New York, N. Y.

The first symposium on stomatology published on May 19th, 1926, contained fourteen original papers dealing with the medical, surgical and educational phases of stomatology (dentistry). These were representative of France, Italy, Hungary, England, Poland, Germany and the United States.

Dentists interested in obtaining complimentary copies and other information concerning stomatologic subjects will please write to: *European address*—Dr. A. Herpin, General Secretary, A. S. I., 79 Haussmann Boulevard, Paris, France, or Prof. G. Coen-cagli, 17 Lungotevere Mellini, Rome, Italy; *American address*—Dr. Alfred J. Asgis, Adjunct General-Secretary, A.S.I., 40 East 41st Street, New York, N. Y.

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JULY
1927

VOLUME 17
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An Indianapolis newspaper spread helpful propaganda during
Better Health Week, April 25th-30th.



Jungle Dentistry

By CAPTAIN GEORGE CECIL, Paris, France

JUNGLE dentistry is of two kinds, the one being more "jungly" than the other, and India is the scene of its activities. In the villages bordering on the jungle one occasionally comes across a government compounder, a native, who has a smattering of chemistry and less of medicine.

In receipt of a salary on which he lives comfortably, and looking forward to an adequate pension, he passes tranquil days prescribing simple remedies for the equally simple villagers, and peaceful nights dreaming of future retirement and a seat on the Municipal Board. For Tulsi Ram is a man of ambition. "The fate of every man he has bound about his neck," says the Eastern proverb, and Tulsi Ram has long since decided that his particular fate is to sit upon a Drains and Roads Committee. The position, you must understand, is one of great honor; the Municipal Councillor is amongst the "notables" of the village. . .

Meanwhile, the man of chemicals and pills frequently acts as a dental surgeon. The equipment of the dispensary includes a set of forceps; and though the Indian Government does not ex-

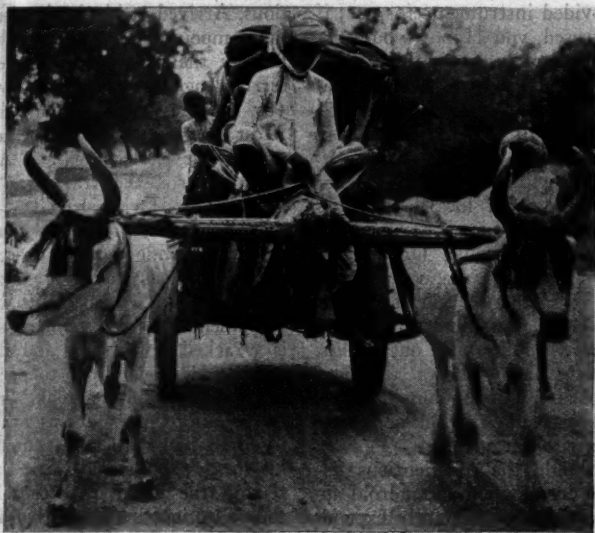
pect the candidates for compounder honors to take a course of dental surgery, he must be prepared to extract.

The compounder, for his part, is ever ready to operate. To be known as "Government Dental Surgeon to the Village" greatly enhances his dignity. In fact, the more teeth he draws, the greater his pride . . . "How are you



Ewing Galloway.

Tulsi Ram lances the throbbing gums of infants like this little Hindu child who has a ring in her nose, denoting low caste.



Ewing Galloway.

Occasionally the compounder is invited to attend a native land owner of substance who lives at a distance. He makes the journey in a bullock cart, or ekka, a two-wheeled vehicle, that proceeds at the rate of about two and one-half miles an hour.

getting on, baboo?" enquires the inspecting Indian medical service officer of the newly appointed compounder. . . "Your Honor, I doing first class," is the delighted reply of the compounder, who speaks English of sorts. "Already, in three weeks, I have extracted, with all necessary force and skill, more teeth than did my predecessor in six months of tenure of office" . . . "Splendid, baboo. And what have you in that bucket?" . . . "Two teeth, sir, extracted from suffering jaw after some trouble caused by struggling patient who

is now bellowing loud in hut next door" . . . "Show me, baboo, the fruits of your labor" . . . Tulsi Ram does so, proudly displaying a couple of absolutely sound teeth.

When in doubt, the compounder extracts. The patient himself is uncertain as to which tooth is troubling him, and Tulsi Ram cannot be expected to know better than the sufferer. If chided by the inspecting officer, he takes refuge in words, which are as the breath of life to him. . . "Your Honor's favor is asked. The government has

provided instruments for use; if not used, you Honor would accuse me of neglected duty. So I gladly extract. These natives are ignorant ones, having no advantages of education similar to you and me, sar."

The village dispensary is not supplied with local anesthetics and the customary syringe and needles. Cocaine, however, is furnished, and the compounder is instructed to rub it on the patient's gum. Sometimes, with a view to carrying out orders, Tulsi Ram follows the prescribed treatment, but he might just as well paint the door handle with cocaine.

Should the conscientious fellow decide upon an external application, he cheerfully expends half a bottle on the object of his ministrations, who, immensely gratified at so much attention, begs the Doctor Sahib not to hurry. When, however, the writhing patient feels the first horrid wrench, he considers that haste is the greatest of all the virtues.

Occasionally the compounder is invited to attend a native land owner of substance who lives at a distance. He makes the journey in a bullock cart, or ekka, a two-wheeled vehicle, that proceeds at the rate of about two and a half miles an hour over a road which is all ruts and holes. Or he may travel in a camel shigram, a sort of large double decker cage with wooden bars in place of doors, the fare being the equivalent of a halfpenny a mile, and the speed equally unpreten-

tious. Arrived at his destination, the compounder learns that the lord of the manor has suffered terrible agonies, but that now (by the blessing of Allah, the Most High, to whom be all praise,) he is sleeping. . . "Allah," returns the traveler, "is great; I too will sleep" . . . Spending a day or two in slumber and feeding, and in expecting a summons to the presence, the dentist patiently awaits developments. The patient again is wracked with pain, and the compounder is desired to operate. This time he makes no mistake, for the molar has a cavity the size of a pea. Assuming his best professional air, and seizing the cleanest forceps in the collection, he (literally) attacks the tooth, which eventually yields to superior force. Handing over a bottle of anti-septic mouth wash, and receiving as his fee five rupees, a bag of mangoes, and a cluster of bananas, Tulsi Ram returns to his village. Like the Village Blacksmith, he feels that something has been accomplished, something done.

Sometimes the operator is paid in kind. A small sack of rice (the natives' staple food) is the extent of the patient's bounty, with a few oranges thrown in. Or he may have to whistle for his fee, the colored land owner having strange ideas upon the subject of payment. . . . "Allah wills it," is the compounder's sole comment. . . . A fatalist, you see.

The jungle dentist often lives



Ewing Galloway.

The dentist often dwells in the thick of the jungles amongst the palm trees, wild orchids, chattering monkeys and screeching paroquets, inhabiting a picturesque bungalow; in the thatch roof scorpions and snakes have probably taken up their abode.

in the woods. He usually is an elderly native, who, in his youth, has been a government compounder, an assistant surgeon in a hospital directed by the Indian Medical Service, or a druggist in a small business way. Having blundered most frightfully, he has incurred the wrath of his superiors, premature retirement and a trifling pension having followed their decision. So the disgraced one dwells amongst the palm trees, wild orchids, chattering monkeys and screeching paroquets, inhabiting a picturesque bungalow, in the roof of which scorpions and snakes probably have taken up their abode. Once a month the hermit

makes for the nearest magistrate's to draw his pension and to lay in a stock of stores. During the journey he halts at an obscure hamlet, or village, extracting the neglected teeth of suffering black humanity, or lancing a wailing infant's gum. Should there be many in need of his services he may take a fortnight to cover fifty miles; the news that Tulsi Ram, the practitioner, is on the move, spreads from mouth to mouth, and the shandrydan in which he travels will be stopped every *kōs*, a stretchable distance varying from a mile to a mile and a half. "*Mera dant men durd hai*" ("in my tooth is a pain"), says

the villager. "*Usko nikal do*" ("pull it out"), adds the afflicted one, folding his arms and prepared for the worst. . . . "*Hogya*" (" 'tis done"), exclaims the dentist, adding: "*Aat anna do*" ("give me eight-pence.")

The traveler charges for his professional services according to the social standing of the patient. The "headman" can easily afford the trifling sum demanded, and half the amount is within the means of the village postman. But the poor cow-herd has no money to throw away on luxuries. So the wanderer makes a bargain which is advantageous to both parties. "You have an aching tooth, O brother, and I a raging thirst. Fill this bowl with milk, and out comes that tooth." *A quid pro quo* arrangement.

There is yet another jungle practitioner who cannot boast of any sort of professional qualifications. Glorifying in the possession of a rusty pair of forceps, the operator applies them indiscriminately to whichever tooth requires removing—and does not trouble about the consequences. Or he may have inherited from his great-grandfather that dreadful instrument of torture, the "key." Mercifully, the native patient can put up with a good deal, or the "key" might be the death of him. Occasionally blood poisoning sets in, and the victim loses his life as well as his tooth. Still nothing happens to the wielder of the rust encrusted "key." Should he be threatened with

arrest, there is little to prevent his trying another jungle; and a coin dropped into a native policeman's itching palm always is a good investment. . . . If the worst comes to the worst, an alibi costs very few annas. For a rupee a Hindu will declare that at the time of the alleged operation taking place the accused was many a mile away. The Mahometan, too, has his price.

Once in a while the jungle dentist attempts to fill a tooth. A well-to-do patient, who is too infirm to travel, and who cannot prevail upon a white practitioner to leave a far-distant "station," sends for him. The attempt, unfortunately, is not a success. The enterprising operator has accepted the offer because of the fee; but as his instruments consist solely of a rough file, the preparation of the tooth is, from the very first, doomed to failure. And the only filling with which the fellow is acquainted is gutta-percha.

Sometimes the jungle dentist has a stroke of luck. An Englishman, lured by *shikar* (sport) penetrates into the wilds. Consumed by an appalling toothache, the sahib "commands" the tooth-puller. . . . "It's got to come out," says he, "and I dare say you'll hurt me like the deuce." There is no mistake about the hurting. The sahib does not feel like himself again till he has taken a very stiff whiskey-and-soda. But the sufferer pays a generous fee and exonerates the operator.



The Dental Problem in Speech Work

By JOHN J. LEVBARG, M.D., New York, N. Y.

IT is unfortunate that the seriousness of speech defects is not more generally recognized. Educational reports show an increase in the number of cases. Such authoritative statements as these (New York Public Schools and especially teachers' training schools), should awaken in every parent a real concern regarding this condition.

The family physician and dentist should be consulted upon the first suspicion of the presence of defective speech or voice. Bad speech habits are a serious handicap to an individual—a profound stultifier of personality. The proper mechanism of speaking and the possession of a pleasant voice is a distinct personality.

The teeth play a paramount role in the mechanism of speech, and it has been my experience that the cause in the majority of the cases coming to the New York Post-Graduate Medical School and Hospital (voice and speech clinic), were due to improper occlusion, broken teeth, wide spaces and teeth missing. Extractions are taking place constantly, but does the dentist

ever give a thought, regarding its effect upon the patient's speech? In children, it does not matter very much, inasmuch as they are in the formative period, but in adults, I have seen and detected a marked change in the mechanism.

In singers and public speakers, the dentist should be very careful, for the quality of the voice is changed and in some the speech becomes sluggish, indistinct and in many cases there is a perceptible sound substitution.

The consonants t, d, v, f, which are formed by the tongue and teeth, and lip and teeth, are the most frequently affected.

The purpose of this short article is to call the attention of the dentists to the marked prevalence of speech disorders due to defective and improperly occluded teeth. In making new bridges, plates, inlays, it is absolutely essential for the dentist to obtain a normal centric occlusion, as any eccentric occlusion will cause a change in the voice.

Scientific experimentation on the kymograph will invariably

show a defect in the production of the lingual-dentals and labial-dentals, if the occlusion is defective.

Speech work is a new specialty in medicine and it is up to the physician and dentist to eradicate any irregularities of the oral cavity, which now are

overlooked, and almost unnoticed, tending to make produce speech disorder.

Today prevention is the keynote of medicine and dentistry, and in my opinion in the proper care of teeth we have an effective method of correcting many lisps, lallors, stutterers, etc.

Resolutions

At a regular meeting of the Eastern Dental Society of Philadelphia, held on May 19th, 1927, the following resolutions were unanimously adopted:

WHEREAS, it has pleased the Almighty in his infinite wisdom to call to eternal rest our beloved Secretary, Dr. Joseph J. Coltune, who served as a faithful and conscientious servant of this Society, always holding his own interests subservient to those of others; and

WHEREAS, his unremitting, faithful and conscientious labors are deeply appreciated and will be long remembered by his associates in the Society; be it

RESOLVED, that we, the members of the Eastern Dental Society, deeply mourn his untimely death and deem it a loss not only to ourselves but to the entire profession; and be it further

RESOLVED, that a copy of these resolutions be engrossed and forwarded to the bereaved family, copies be made for publication in the dental journals and lay press, and a copy be spread upon the minutes of this Society.

Signed,

SAM'L BOWMAN, D.D.S., President

DAVID FELDMAN, D.D.S.

VICTOR H. FRANK, D.D.S.

CHAS. B. SCHUPACK, D.D.S.

Committee

Is That So?

The dentist lives from hand to mouth.—*Times-Union*. Not only that, but he's always prying into things. Oh, well, we all have our daily grind.—*Leesburg Commercial*. "All of which reminds us that here in Quincy we have a dentist named Boring, who has an assistant named Pulley. How's that for a pair to draw too-th?—*Quincy Times*. Pretty good. Anyhow, here in Clermont, when we get a bad tooth, our dentist don't let it ache Budlong.—*Clermont Press*.



Broke and Discouraged

---Follow this Example if You Wish to Fail

(Editor's note: For perfectly obvious reasons, the man who wrote what follows does not want his name used in connection with it.)

STUDYING dentistry eighteen years ago was pretty easy. Every once in a while I talk to some young fellow who has recently graduated from the same school that "sold" me my diploma, and to hear him tell it, they work the boys a lot harder than they did when I was a student. I understand, too, that they require a high school diploma, or college credits, or whatever they call them, before they let a man start studying dentistry. They told me something about "fifteen high school units" when I came to town, but I got my because I had read a book called "Ben Hur" and I was able to tell the examiner all about it.

We used to go to school an hour or two a day, and then hire some plugger, as we called him, to do our laboratory work for us. Of course there were a few fellows who really did stick around the lecture rooms and infirmary, but not very many.

I'll always remember old "Hoss" Evans, who worked as hard as the beast we named him for.

"Hoss" sure had a lot of luck after he graduated. Opened up in a new neighborhood, and fell right in to one of the biggest practices in town. I see him driving through town in his big new car every once in a while. I heard the other day that he had been elected president of the local dental society, too. I've never had time to go to the society meetings, alumni clinics, or any of that sort of thing. I have enough trouble trying to make enough to pay the rent every month.

These fellows that waste all that time gadding around with that sort of stuff give me a pain, anyhow. They are always talking about how they are serving humanity, but you will see that most of them are piling up some jack for themselves while they are "serving."

As I said, it keeps me humping to pound in enough foils and amalgams to keep me alive.

Another thing that always

made my neck ache was the way the supply houses play around with some of the dentists in my town. A year or so after I opened up, a young fellow came out from one of the dealers' places and told me about a new building that was just about finished, located in a fast growing section of the city. Naturally I laughed at him when he tried to tell me I ought to move out there. "Trying to sell me some new equipment, eh Son?" I asked him. Of course that was all he was trying to do.

He finally talked another dentist into locating out there and sold him everything except the key to his store. Luck was sure with that dentist, too. The neighborhood grew and grew so fast that the fellow said he had to work nights to keep up with his business. But all that supply salesman was trying to do was sell me new furniture. I am still using the outfit I bought from the old doctor who had this office before I moved in. It is still good enough to take care of all the patients I have. If I was not quitting I would not think of selling it.

There was another supply salesman, too, who first tried to sell me some new furniture for my office, and then when he found I was no easy mark, started telling me how he thought I could fix up the old stuff so it would look better. He wanted me to put in a partition or two and paint the walls, and a lot of stuff like that. I smelled a rat.

"Boy," I asked him, "when did you fellows start selling paint and lumber?" He swore he wasn't selling anything like that, but I've never been able to figure out any reasons why he wanted me to do all that unless he wanted to sell me something.

Several other dentists have located on my corner in the past few years. Most of them have let the supply men fix them up with big shiny outfits, and one or two of them even have x-ray machines. That's another thing I cannot see. When they first came out, the salesmen all tried to sell me one. Plain bunk, I call it, when a man who is supposed to fill teeth has to have a lot of electric thingamajigs to show him how to do it.

The fellow down the street from me put one in, and he seems to be using it, but I tell my patients that I can tell them what is wrong with them without it. That bird, by the way, must be cutting prices. He's stolen quite a few of my patients. I came back by lowering my prices, but I cannot see where it has helped me any.

I have finally decided that there isn't any chance to make anything out of dentistry. Here I have been at it for eighteen years, and I really haven't anything much to show for it. I have saved some money, but mighty little. Every once in a while I've had to borrow money, and every time I go into the bank to make a loan on my office, the banker tells me that I ought to fix up my office. I sup-

pose he has some sort of a drag with the supply house, or else they give him a cut if they sell me.

I'm going to quit. I have advertised my office and practice for sale, and as soon as I find a man with cash enough to handle it, I'm going to get out. I want to get enough money to start as bobbing specialist out in the country somewhere, and set-

tle down to making a living off the women.

In case I can't sell my office, I think I'll take my chair and cabinet out to the shop with me, and maybe do a little dental work along with my bobbing.

If I ever had a son, and he ever said that he wanted to be a dentist, I'd take him out and apprentice him to a circus acrobat.

To Africa

Dr. E. G. MacLean of Cambridge, New Brunswick, is leaving for Iwo, Lagos, West Africa, where he is superintendent of an industrial mission, which takes the greater part of his time, but he also practices dentistry while in that part of the world.

Dr. MacLean was the first qualified dentist to practice on the West Coast of Africa, and has been coming and going there every few years since 1903. He will be away this time about three years.

"Dental Pathology and Therapeutics"—A Review By W. S. PALMER, D.D.S., Los Angeles, Calif.

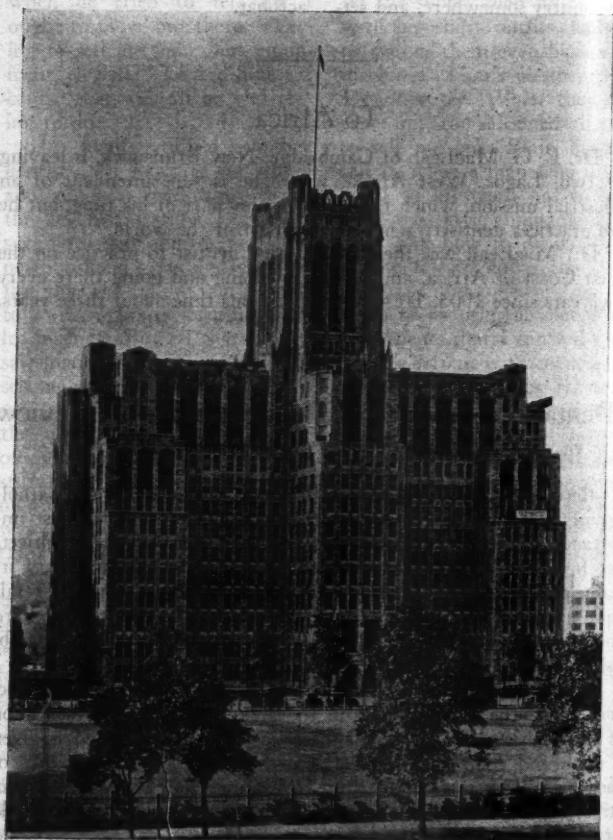
Before the dental profession of today, the study of the pathology of dental tissues, and their therapeutics, is of the utmost importance. There are many books and articles upon these subjects but for a comprehending study of dental pathology, in all of its many phases, and the therapeutics for each disease, one must fall back upon the outstanding work covering this subject, Burchard and Inglis' Dental Pathology and Therapeutics, 7th Edition, published by Lea & Febiger, Philadelphia.

Burchard and Inglis, in the compilation of this book, have accomplished the ideal method in the arrangement and presentation of each subject. Every dental disease is fully covered and is given a clear and concise description together with the therapeutics of each case. The text, accompanied by hundreds of wonderful illustrations, and written in an easily understandable manner, should prove to be of the greatest value to practitioner and student alike.

Northwestern House

OPENING the doors of the new building for the dental and medical schools of the Northwestern University, Chicago, marks the completion of one of the finest edifices in the country to house a dental and medical school.

This splendid building was made possible by the generous philanthropy of Mrs. Montgomery Ward. Mrs. Ward gave the Northwestern University three million dollars for the building, one million dollars additional as an endowment for the main-



Imposing Structure

tenance of this building, and four million dollars for endowment of teachers' salaries, research and scholarships.

The building is a beautiful Gothic structure of Bedford stone, rising to an extreme height of 267 feet.

The medical school occupies the first seven floors, the dental school the eighth to the thirteenth floors inclusive.

The floors occupied by the dental school are planned to accommodate a maximum enrollment of 160 in each class, with each class divided into sections of forty or less for most of the work. There are four demonstration amphitheatres, each of which will seat forty. A maximum of 160 freshmen will be accepted. It is expected that the total registration will be about 530.

There are ten laboratories for the use of undergraduate students and these are all single rooms without columns or pipes to obstruct the view. They are equipped with platforms and demonstration benches for instructors. Double sliding blackboards may be lowered to expose a hard plaster wall for stereopticon projection.

Each laboratory department has rooms especially equipped for research and for post-graduate classes, with small private rooms for graduate students, also a room for a departmental library.

The clinics are divided into the following departments: oral surgery, denture prosthesis, crown and bridge work, operative dentistry, prophylaxis and treatment of periodical diseases, pulp treatment, childrens' service and orthodontia. There are 185 dental chairs and the building was so planned that every chair is directly in front of a window.

The William Bebb Library and Museum reading room has twelve tables with seats for ninety-six students. Provision is made for a clubroom for men students on the ninth floor overlooking the Lake.

A clubroom is provided on the same floor for women students in both dental and hygienist classes. Between the two clubrooms is a diet kitchen equipped with electric range, cabinets, etc. In addition to its use in the study of foods, this kitchen may be used for serving student parties.

The offices of the Dean and the Secretary are on the tenth floor.

From Mrs. Ward's last gift to the University a sufficient fund has been set aside to provide \$25,000 annually in scholarships in the dental school. This may be used in part for undergraduates, in part for graduate students and in part for research—as may be determined by the Faculty of the dental school.

Dr. Arthur Davenport Black is the Dean of the dental school.

He is the son of the late Dr. G. V. Black who is called the Father of Dentistry.

Memorial rooms to the late Dr. G. V. Black are part of the library and museum space. The entrance hall contains a bust of Dr. G. V. Black. In a second room there are exhibited cases and the original manuscripts and illustrations for articles and books, also the scientific instruments used in his work. The third room is a replica of Dr.

Black's operating room in Jacksonville, Ill., and contains most of the original furniture and equipment, including also the doors of his old office.

With this splendid building and educational staff endowed with adequate funds by Mrs. Montgomery Ward, the Northwestern University dental school should go far in raising the standard of dentistry to a new and higher plane.

Successfully Manages Her Dental Practice and Keeps Her Home

Probably one of the most trying things in life is for a woman to carry on an active professional career and at the same time raise a family.

Dr. Gertrude Richards Bliss, of Hollywood, Calif., seems to have solved this problem and is a marked success in both her chosen profession and that of being a home builder.

There was a son and daughter to raise while pursuing her profession and this she did and did well. Dr. Bliss is one of those amazingly young, mature women of the modern school, her thick white hair setting off a rose bloom of health and enthusiasm and lighted by humorous dark eyes.

There is but a small size group of women in the profession of dentistry but this group is growing steadily. The requirements of the profession are many and strict.

It takes super-staying qualities to reach success. The grilling at college and in practice is long and severe. "It is not a profession for young women expecting to amuse themselves," says Dr. Bliss.

Dentistry is a woman's as well as man's job—where it is the right woman. This means that the woman who is determined that her work and success must stand wholly on merit. It is a vast field, calling for the artistic, exact, resourceful, courageous qualities.

The dental profession offers a wonderful opportunity for women to serve humanity.

Bring your car. Thirty of Michigan's 5173 inland lakes are within an hour's ride of Detroit. The best roads in the world lure you to their refreshing beauty.



The Pertater Doctor

By G. H. R.

"PROFESSOR," inquired Uncle Hiram Plowjockey diffidently, "be you a doctor or a dentist?"

"Well," said Dr. M. O. Amalgam of Piscataquis County, Maine, "to tell you the God's honest truth, there are times when I think I am neither, but I'm supposed to be both. I have a diploma which entitles me to call myself a doctor of dentistry, however. Now let me ask you a question."

"Shoot," said Uncle Hiram. "What medical man sent you up here to ask me that?"

"Twant nobuddy," avered Uncle Hi defiantly. "Not sayin' as how it couldn't be. I was just askin' for information, so to speak."

"Well," observed our Dr. Amalgam, "just what do you think a doctor is anyway?"

"Blest if I know," replied Uncle Hiram thoughtfully.

"When I was a boy around here a doctor was a man who drove a span of buckskin hosses and raised all hell 'bout the roads at town meetin'. He had a mortgage on most o' the old farms in the neighborhood and sort of ladled out pills and plasters to folks when they took sick. Peo-

ple generally allowed he knew a lot."

"Well, he did, didn't he?" suggested the dentist.

"Mos' prob'ly, mos' prob'ly," agreed Uncle Hiram. "Anyways there war'nt no one 'round here to dispute him."

"Yes?" questioned our questioner.

"Yeah," said Uncle Hi. "he was all right in them days. Right good in fact. He was always all stunk up like a drug store and that helped considerable. I thought he was a right good doctor. Nowadays though a body can't most always sometimes tell so much about 'em. This 'ere Dr. Modern was out to my place awhile back to do a little docterin' when the old lady was took sick, and he pretty nearly had a fit 'bout the spoon I give him. Said 'twant sterile. That was a nice way to say it wasn't clean now wasn't it? Anyway I told him if he wasn't satisfied with the way I'd washed the spoon, he could wash it himself, and I'll be hornswoggled if he didn't do it, too; I got even with him though; he didn't put on the apron that the old lady generally wears, and when he got through his vest looked

worse'n my spoon. First time I ever hired a doctor to wash dishes for me, though."

"Did you have a dentist in town when the old doctor with the span of buckskins lived here?" inquired Dr. Amalgam.

"Yes," said Uncle Hi. "I 'spose so. Leastways he said he was a dentist. I never asked him. He made plates and sich. Old Doc Perkins the druggist did most of the pullin' in them days, but he lost all the trade when the dentist came to town. I took my oldest boy down there once when he had the toothache and the dentist took out six teeth what had holes in 'em and fixed the boy up with a plate that made him look like a jackrabbit. They worked fine though. He was a right smart dentist that feller. I asked him where he learned his trade and he said he just picked it up like. It seemed liked his father was a blacksmith and so it sort o' run in the family, so to speak."

"Did the dentist settle down in town and stay here?" asked Dr. Amalgam.

"No," replied Uncle Hi. "One of his customers got blood poisoning and died, and trade sort of dropped off. So the dentist went to the city where there was more people. After a while a young feller came and took his place and that young feller told 'round that the first feller wasn't a licensed dentist. First time I ever knew they had to be licensed. It seems like everything has to be licensed nowadays. I

even had to have my dog Tige, licensed. I 'spose Tige is now entitled to be a dog, all regular and according to law. They don't call lawyers 'Doctor' do they?"

"Not as a general thing," said the dentist. "They could, however, for they are doctors at law. It isn't customary, however."

"Well," observed Uncle Hi, "They got a doctor preachin' up to the E-piscopal church right now."

"Yes, but he is a doctor of divinity," suggested Dr. Amalgam.

"That so?" said Hi. "How'd he get that way?"

"It's a degree," replied the dentist.

"Ye don't say," observed Hiram, "I thought them things was part of a thermometer."

"That's right," said the dentist, "Only that's a different kind of a degree."

"Do tell," exclaimed Hiram, "There's all kinds ain't there? Do they give degrees for rain' pertaters?"

"Yes," said the dentist.

"They do? Well now that's news to me. I reckon I'm entitled to one 'o them degrees myself. That must be a remarkable degree. I thought I knew somethin' about raisin' pertaters, I've raised quite a bit in my time. H'm, is these 'ere educated pertaters any different from the general run that ain't had any schoolin' so to speak?"

"Yes," said Dr. Amalgam.

"You don't say," said Hi. "They don't use safety razors so'st you don't have to peel 'em, now do they?"

"No," said the dentist. "But they taste better, look better, there are more of them and they bring a better price in the market!"

"Is that so?" inquired Hiram.

"Yes," said the dentist. "You see, that degree that the farmer got was given him by an agricultural college where the farmer spent some time learning how to raise the right kind of potatoes. And those educated potatoes have been given better care than the uneducated ones. There aren't so many die of things like blood poisoning, like that dentist's patients you mentioned, and you don't lose so many of them either, as your son lost his teeth!"

"H'm," observed Hiram, after a period of deep thought, "There might be suthin' in that, if a body gits to thinkin' 'bout it real hard. I'm afraid I hain't been appreciatin' these 'ere degrees same as I might."

"Well," said the dentist, "I don't believe you've been very lonesome."

"How's that?" said Hi.

"Why," remarked Dr. Amalgam, "There are evidently a lot of people that don't just understand all about it, beside you!"

"Oh, I don't know," said Hiram. "It's gittin' talked about some. That's why I came up here."

"Well, did you find out what you wanted to know?"

"Mainly," said Hiram, "Mainly. I reckon I can add two and two as well's most people. But why do they say 'only a dentist'?"

"They don't," said Dr. Amalgam. "Not any more. The last one that sprung that one on me was the overdressed ex-type-writer wife of a mustang Marine officer in the Navy. I'd just cured her of a mouth infection that is caused principally by dirt, and I didn't think it worth while to reply."

"H'm," observed the old farmer shrewdly. "Kinder touchy about it yit, ain't yer? Seems ter me you dental doctors are all-fired touchy anyway. Now me and my neighbor used to be that way."

"I suppose if I had been a pertater doctor," continued Hiram, "my neighbor would a-bin a corn doctor. He raises 'bout as much corn as I do pertaters. People that wanted to buy corn went to his place and them as needed pertaters came around to me. He thought a lot of his corn and I thought a lot of my pertaters. We squabbled some when his corn got to growin' over 'cross the fence in among my pertaters. I'll bet we fixed that fence twenty times if we did once and we got all heated up over it."

"Finally I got to talkin' with him one day 'bout his corn, and I swan I was surprised. I found that we was both of us scratchin' 'round in the same old earth and the ground work of both our jobs was a good deal similar,

as you might say. Of course I was interested in pertaters and he was interested in corn, and we are both stickin' to the job we like best right now. But I noticed he was pretty civil to me when we met up next time, and I commenced to see that he was a pretty good all around

farmer too. So we got together one day and did somethin'."

"What was it," asked the dentist, "that you got together and did?"

"We tore down that line fence," said Hiram with a twinkle in his eye. "Now you think that one over."

Australian Dental Students "Haze" H. R. H.

"Hazing" or "initiation" has ceased to exist at U. S. universities worthy of the name; but last week, says *Time*, at the University of Melbourne, Australia, occurred just such an outburst of *gaucherie* as U. S. undergraduates used to indulge in, and still do, at jerkwater colleges.

The person hazed was His Royal Highness, Prince Albert Frederick Arthur George, Duke of York, now in Australia to open next week the new Federal Capital, Canberra. The Duke, second son of the King-Emperor, had just received an honorary degree from the University of Melbourne, when dental students of that institution swarmed up and offered to "welcome" him into their Students' Club. His Royal Highness, necessarily complaisant, submitted to "ragging" as follows:

1) The dental students marched up, shook his hand, and emitted such greetings as: "Meet me, Duke, I'm a fellow of good extraction"; or "Give my best to your old man and the missus, Bertie."

2) The Duke's private motor car, bearing his emblem and crest, was seized and driven through the streets, while the unsuspecting populace cheered two students dressed as the Duke and Duchess of York, then froze with horror as the "Royal Pair" thumbed their noses.

3) Prince Albert was meanwhile escorted and jostled about the campus by embryo dentists, and finally by almost the entire student body, which at first chanted, "Here Comes Dear Bertie!" but finally burst into "For He's a Jolly Good Fellow."

Did you know that the profession was experimenting with cast aluminum plates when the American Dental Association met in Detroit in 1874?

Detroit's neighbor city, Windsor, Ontario, will offer many charms during the week of the American Dental Convention.



"Have I Hit My Pace?" Draws Response from *Oral Hygiene* Readers

MARCH ORAL HYGIENE carried an article entitled "Have I Hit My Pace?" accompanied by a chart [page 439 of that issue]; readers were requested to fill in the chart and return it to the magazine. Many did so.

Dr. E. L. Neff, of Wilkesburg, Pa., who prepared the chart, has been examining those so far received from ORAL HYGIENE readers.

We would like more reports before we publish a scale of averages.

The practices in the smaller communities do not show the fluctuations shown by those in the larger, also their first year averages well up in the scale.

There were many interesting bits of information added. Quite a few stated what percentage it cost them to conduct their practices; they run anywhere from 20 per cent to 60 per cent. If you were to so indicate on your report it would be helpful information.

We would like to have readers report gross income, giving the fees for single "denture," "plate" or "set."

So far no reports are in from

"down in Dixie." They have come from Maine, California and all the states in between. The reports indicate that the men are on the job, giving their communities full-time service.

Charts have come in showing many good and healthy practices; some few have had to extend the lines on the chart, but they are the exception and not the rule.

Dr. Neff would like to have "Somewhat Discouraged" send his name and address.

You may be one with a practice that few could match; if so, send in a chart and show us all what can be done with a well organized, smooth running, efficient practice—just how it grew to be the joy it is.

Few of us are ever satisfied, so yours may not please you, but it may be above the average and, anyway, send it in! The more we get the more nearly correct will be the resulting average of all charts.

Your practice may act as if it had had its wings clipped or had a weight tied to it, but do not let that stop you from sending in a chart.



The Principal Essentials for Success in Dentistry

As Seen by a Friend on the Outside

By FRANK H. WILLIAMS

WHAT are the principal essentials for success in dentistry?

It will, no doubt, be of aid to various dentists in achieving even greater successes to learn what some particularly successful dentists have to say on this matter.

Recently a number of progressive and successful dentists were queried on this point and from them some exceedingly interesting and worth-while information was secured.

The first essential for success, as pointed out by a large number of the dentists who were interviewed, is *good work*.

"In the final analysis the thing that makes or breaks a dentist," said one dentist who has built up a particularly splendid success, "is the sort of work that is done by his office. If the work that his office does is of very superior character—if it lasts a long time and if it looks well and gives the patient no trouble, then the patient is pretty sure to be satisfied with the work and is just about certain to praise

the dentist to friends and relatives, thereby giving the dentist some splendid word-of-mouth advertising which will be sure to bring more cases to him. The better the dentist's work the better his practice is bound to be."

Second on the list of success of essentials, judging by the number of dentists emphasizing this particular point, is *speed*.

Here again let us listen to the things said on this point by one enterprising dentist who particularly emphasized this matter in his interview.

"The average patient," said this dentist, "wants to get through with the dentist just as quickly as possible. No one gets any 'kick' out of prolonged sessions in the dental chair and no one enjoys making many repeated visits to the dental office. And so the more quickly the dentist is able to do the necessary work in the best possible manner, the more likely it is that he will achieve a worth-while success.

"But, of course, it would be mighty bad business for the dentist to speed up his work so

much that the quality of the work would slump. It would also be bad business for the dentist to speed up his work so much as to make his patients feel that they were being slighted. The right thing to do is to work with the utmost speed possible consistent with good workmanship and the psychological impression made upon the patients."

Third on the list of success essentials, as tabulated from these interviews, comes *complete equipment*.

The necessity for complete equipment in securing a worthwhile success was pointed out by one enterprising dentist in these words:

"The dentist must satisfy his patrons. He must make them pleased with the work and he must make them feel like coming back to him again when they are again in need of dental work. It is the repeat visits of satisfied patrons that mean the most business for the dentist, rather than the new business that develops from time to time. If the dentist never had any repeat visits from his patrons then he wouldn't be much of a success, that's sure.

"I've found, through personal experience and through frequent talks with other dentists, that the more complete the equipment in the dental office the more impressed patients are and the more they feel that they are getting the sort of attention they deserve and the more they are impressed with the idea that

the dentist is the right sort of a dentist for them to patronize."

"Complete equipment does all this because it impresses the patients with the idea that the dentist knows his business, with the idea that no problem will be too difficult for him to handle and with the idea that he is prosperous and progressive. All of which is a mighty good thing for the dentist from every angle and all of which contributes greatly to his success."

Another point strongly emphasized by the dentists who were interviewed as being of great importance in making dentists successful is the appearance of the office.

So much has been said, from time to time, about the necessity for keeping the dental office always spic and span and modern in appearance and generally attractive, that it isn't necessary to dwell long on this point. It is enough to point out that the dentists realize the importance of this feature and to also point out that because the dentists do realize the importance of all this they are improving their offices accordingly.

A number of the dentists spoke about "up-to-dateness" as being one of the primary essentials for dental success.

"I had my eyes opened along this line recently," said one dentist who has been in practice since the old days when methods seemed very crude indeed compared with modern methods. "It used to be my habit to talk to patients about the old days

and to point out some things in which I considered the old methods to be superior to modern methods. This sort of a comparison was always very interesting to me and, without thinking much about it, I took it for granted that it would be equally interesting to my patients.

"But little by little I came to realize that not only were my patients not interested in such comparisons but that this sort of thing actually made my patrons look on me as being an old fossil. Two or three times I overheard patients telling each other that I was a relic of the past and that I wasn't up on modern methods and all that sort of thing. I realized that this sort of a reputation was being created for me by my patients through the things they said among friends and I also realized that if this sort of thing kept up long enough it would result in producing a real slump in practice for me.

"So, at once, I changed my methods entirely. I no longer talk about the good old days to patients—I talk about the modern things and the progress that dentistry is always creating. I use modern methods. I have replaced all my older equipment with modern equipment. In every way possible throughout the entire office I emphasize the complete 'up-to-dateness' of my office and methods. I even see to it that all of the magazines on the table in the waiting room are right up to the minute, instead of being anywhere from

a month to two years or more old.

"And as the result of doing all this my practice is now better than it ever was before. And I am thoroughly convinced that this is the case largely because I have succeeded in bringing my office so strictly up to the minute in every particular."

And here's a final success essential emphasized by another alert dentist who, though only recently starting in practice, has made a very satisfactory success:

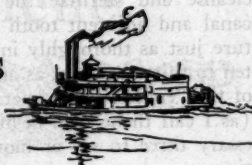
"I believe that one of the most important essentials for success," said this dentist, "is love of dentistry. The dentist who is really in love with his work, who enjoys dentistry above everything else, is the dentist who improves constantly in technique; he is the dentist who impresses the public with his knowledge and ability—is the dentist who secures the greatest increase in patronage all the time. I've done quite well indeed in this office and I believe it's primarily due to my love of dentistry, and after talking with other successful dentists I've come to the conclusion that love for their work is the main reason for their successes."

Interesting, isn't it?

And aren't there some worthwhile ideas and suggestions in all this which will help various dentists in different sections of the country in becoming even more successful?



Facts and Fancies Down in Dixie



By EDDIE KELLs

On Honor

"Bite off more than you can chew,
Then chew it.
Plan more than you can do,
And do it.
Hitch your wagon to a star,
Keep your seat—and there you are."
Unknown.

YES, *on honor*, I am the lucky one who *never breaks a barbed broach* in a root-canal, and there's a good reason for it. *I never cleanse root-canals with barbed broaches.* (A good reason, is it not?)

Fine root-canals can be cleansed with *smooth bristles* wrapped with cotton—that's what are usually used.

Large canals can be cleansed, of a freshly devitalized pulp, or the putrescent remains of one, by means of an *orange wood point*, which is just fine for the purpose.

The end of a *slender* orange wood stick is brought to a *long, slender* point by means of a very sharp knife (it is essential that the knife be sharp). Soaking it for a moment or two in phenol or Morson's kreosote makes it nice and pliable. Flood the canal

opening with either of the above, as indicated, and work it into the canal with the wood point. The *detritus* comes to the surface of the fluid.

Mop up the fluid in and around the mouth of the canal with a pledget of cotton or spunk; wipe off the wooden point, flood the canal, and repeat the process, time and again, until the canal is clean.

If you've never used this method, just try it once. It is a rapid and efficacious method of accomplishing the result—believe me, it is.

Sometimes, towards the end of the process, I wrap a shred of cotton on the wooden point. Sometimes I finish up with a Donaldson smooth bristle and cotton. It all depends. Or I use Kerr tapered canal reamers wrapped with cotton.*

*Note: It is not easy for me to wrap a fine shred of cotton around a smooth bristle, so I have a pad of ordinary yellow base plate wax, and the bristle is drawn over this wax while it is pressed upon by the ball of the thumb. Thus a minute coating of wax is attached to the bristle and the shred of cotton adheres to this. That's the trick.

These are the means, this is the manner, by and in which we *immediate* root-canal fillers cleanse and sterilize the root-canal and adjacent tooth structure just as thoroughly in from ten to thirty minutes as any one of the "endless chain operators" (as I call them) can in his necessary three to six or more sittings.

Laboratory tests, time and again, have proven to me that all the bugs in these putrescent canals are thus killed as "dead as Hector," and that satisfies me.

But that is not all. Clinical

tests have also proven to me that putrescent root-canals — teeth with abscesses—treated in this manner have stood the "acid test of time" for twenty-five years and more. And again that satisfies me.

Yes, "on honor," I never break a *barbed broach* in a root-canal *any more*—but I "ain't saying" anything about *smooth bristles*. "Faint Heart Ne'er Won Fair Lady"* shows that the smoothest of bristles will be broken sometimes. However, that misfortune is comparatively rare.

*ORAL HYGIENE, page 859, June, 1923.

Reciprocity

Editor ORAL HYGIENE:

Dr. Arthur G. Clarke in his letter on reciprocity in the May O. H. asks, "Do you get my point?"

I feel that he makes himself perfectly clear to everyone without, however, justifying his stand.

It is perfectly evident that he feels that he is located in a much more favored location than Kansas and that a great many of his professional brothers in Kansas would come to California, if they had reciprocity, and thus increase his competition.

I have no doubt that he is a firm believer in reciprocity for the butcher, the baker and the candle-stick maker for they will come to California and so increase his clientele.

I have been in California and Southern California and have no desire to leave my home in Oregon for any country I have ever seen, but I feel that reciprocity should be decided on the RIGHT of dentists (the same as other people) to change their location without prejudice to their rights. Any other and more personal reason for being against reciprocity is below the dignity of an honorable profession.

Fraternally,

J. E. RICHMOND, D.D.S.

Eugene, Oregon

International Oral Hygiene



Translated and briefed by CHAS. W. BARTON

CUBA

Dr. Antonio Recasens, of Matanzas, has conceived the idea of organizing the first school for Dental Hygienists in Cuba. In order to collect data on how the dental hygienists are being trained in the United States he has visited the schools in this country, and has returned to his native land with still greater enthusiasm, it is true, but unfortunately also with a misconception of what these dental hygienists are permitted to do in this country. The doctor has come to the conclusion that "dental clinics and schools for dental hygienists are so intimately related to each other that the former cannot exist without the latter." There seems to exist, in the author's mind quite some confusion as to the exact status of a "hygienist" and a "nurse," since the latter alone, as a "visiting nurse," would be in a position to call on the mothers of school children with a view of selling dentistry to them for their sons and daughters. The one-year curriculum which Dr. Recasens has suggested for dental hygienists is to comprise anatomy, physiology, histology, bacteriology, hygiene, pathology of the mouth, especially of the jaws and teeth, and "notions on operative dentistry." The practical part of the curriculum begins with the proper way of receiving the little and the big patients, adjusting the chair, etc., etc., the taking

of an inventory of the patient's mouth and other minor jobs requiring an expert knowledge of years of dental practice. To all intents and purposes the plans of Dr. Recasens, if put into operation, could not but create a female on the order of a glorified office girl with just enough of a little knowledge to make her very dangerous. The confusion of ideas existing in the author's mind about what a dental hygienist actually is and what she might be has given rise to a lengthy discussion within the Dental Society of Cuba, and it is to be hoped that his plans will be tempered and corrected before practical steps are being taken. *Cuba Odontologica.*

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BRAZIL

Through the efforts of Drs. Pedro Verissimo and Francisco Bandeira a dental clinic for children has been organized in Fortaleza (Ceara) for the purpose of giving free dental treatment to the poor in that city. The clinic bears the name of "Frederico Eyer" in recognition of the founder of dental clinics, Prof. F. Eyer, whose achievement in Rio has served as a model for this new undertaking. The commercial circles of Ceara, among whom the firm of Ferreira, Cezar & Cia., have generously subscribed to the funds which make this clinic possible.

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A clinic for the free dental treat-

ment of the poor has been opened at the Hospital Evangelico in Rio de Janeiro, under the direction of Dr. Paulo Cesar. The material for the clinic, which possesses the most modern equipment, is being supplied through voluntary contributions from private philanthropists, who are also taking turns monthly in defraying the costs of running this clinic. *Boletim Odontologico*.

* * *

The deputy Dr. Gama Rodrigues has introduced into the Chamber of Deputies the draft of a Bill destined to authorize the government to take over the school dental service which for the past ten years has been assured by the School Dental Service Association of Sao Paulo. The new dental service is to function free of charge in all public educational institutions, under the direction of the School Medical Inspection subordinate to the General Direction of Public Instruction. All dental clinics run up to date by the Association of Sao Paulo shall be taken over by the new Service, and at the discretion of the latter new school dental clinics shall be opened wherever it is deemed necessary. The personnel of the new service is to comprise one director, twenty dentists, ten assistants, one secretary, and one librarian. The total annual salaries of these officials amount to 121,200 Milreis.

The bill is acclaimed with delight not only by the dental profession, but also by the daily press, and it is to be expected that it will be passed in its entirety in the Chamber. *Revista Odontologica Brasileira*.

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URUGUAY

In an essay on the social aspect of pyorrhea Dr. Jose Sanna, of Montevideo, insists that it is the equal duty of the medical and dental professions to endeavor to arrest the spread of this inflection by thorough and widespread diffusion of prophylactic notions among the people. This propaganda should be couched in terms capable of not only impressing public imagination

but also holding out a more or less definite hope for practical results. It is especially recommended to explain the precursory symptoms of the disease and the conviction that it can be warded off by an appropriate and adequate oral and dental hygiene. *Boletin Odontologico Mexicano*.

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During the years 1924 and 1925 the Odontological Section of the National Committee on Physical Education of Uruguay, under the chairmanship of Dr. Francisco M. Pucci, have examined 3,102 pupils between the ages of fifteen and sixteen, and found but four to eight per cent of healthy mouths.

After the first results of the 1924 examinations were known, the Odontological Section selected record cards of those students whose mouths showed the greatest number of decayed teeth, and sent to their fathers a circular asking them to pay better attention to their children's hygiene, at the same time expressing the hope of the National Committee that matters will have been mended the following year during re-examination. One hundred sixty-two of those circulars were distributed.

Twenty-five record cards were selected from among those showing downright deplorable conditions in the mouths of the pupils, and the parents were asked to call at the office of the Committee in order to talk matters over and receive indications of how best to remedy the bad state of their children's teeth. Unfortunately, only very few parents responded to the invitation, and those who did appear claimed that their material conditions were such as to make expenses for dental service quite impossible. It is, therefore, clear that the only way to stem the progress of dental disease lies in free treatment for the majority of the children.

Five hundred nineteen boys and two hundred thirty-six girls were re-examined in 1925, and an increase of 27.26 per cent in second degree caries, and of 10.45 per cent in penetrating caries was found in

the boys, while the girls showed an increase of 25.10 per cent in second degree caries, and of 32.76 per cent in penetrating caries. Only 14 per cent of the boys and 34 per cent of the girls did have their teeth attended to in the preceding year. *Revista Odontologica*, Buenos Aires.

* * *

HOLLAND

Dr. H. v.d. Molen, director of the municipal dental clinics of Amsterdam, relates that the school dental service in that city has been fashioned on a combination evolved from the system in vogue at Bonn (Germany), where Prof. Kantorowicz has succeeded in obtaining healthy mouths in over 92 per cent of the children, and that developed by Dr. Fones at the Bridgeport, Conn., dental clinic. As every badly decayed tooth has started with a very small cavity, says Dr. v.d. Molen, school dentistry should be organized in such a way as to inspect every permanent tooth shortly after its eruption, so that small cavities can be filled immediately, and as to repeat the inspection at least twice a year. If this is carried out carefully there will be no lengthy treatments and no badly decayed teeth. In order to make such a plan possible it is necessary that the school dentist take under his care *during the first year* only the children of the lowest grade (of six years of age). When the teeth of these children are inspected twice a year thereafter and every beginning cavity is filled immediately, all large cavities are prevented in the simplest manner. Every year the number of children who are under the care of the school dentist is increased by the number of those entering school. After six years all the children frequenting the school will have come under treatment and inspection, and there should be no longer toothache and extensive decay in the permanent teeth. In Bonn this system has been carried out for six years and has given the most complete results. The temporary teeth are being treated only in so far as

this is necessary to avoid the danger of caries on the proximal surfaces of the permanent teeth. Without doubt it would be better for the children if the temporary teeth could be treated as well. In order to do this effectually it would be necessary to begin at the age of two. However, it is impossible to get the children at this early age.

The above system of school dental service was started in Amsterdam in May, 1925. The parents had been informed a few days before that their children would be examined by the school medical officer and the school dentist, and they had been requested to bring at the same time the child's tooth brush. Most children were brought by their mothers. After having been examined by the school medical officer, the children were sent to the school dentist who was assisted by two dental hygienists trained for five years at the Municipal Dental Clinic in Amsterdam. One of these dental hygienists taught the children *in the presence of their mothers* how to brush their teeth. After the brushing was finished the child went to the dentist. He examined the teeth and paid special attention to the six year molars. If one of these was found to be defective, or if a cavity in one of the temporary teeth appeared to endanger the permanent tooth, it was explained to the mother that for the preservation of the permanent teeth it was necessary to repair this defect. A form was signed by which the mother consented that her child in the future would come under the regular care of the school dentist.

In this way the first grade of 30 schools was treated successively. Out of 1,628 children 97.4 per cent were put under the care of the dentist by their parents, and 92.2 per cent had sound permanent teeth. 36 per cent were treated, with 1740 fillings in permanent teeth, and but 43 in the deciduous teeth. No extraction of permanent teeth took place, and but 8 temporary teeth were extracted.



Dentistry Around the World

With Dr. D. T. Parkinson on
"The University Afloat"

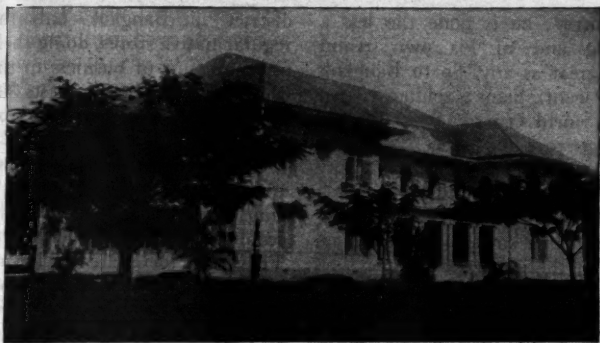
MANILA and SIAM

SAILING from Hong Kong we arrived in due course of time in the harbor of Manila, made famous a few years ago by Admiral Dewey's spectacular sinking of the Spanish fleet. There still stands the old wall of the ancient city of Manila just as it has stood for hundreds of years. The new city has grown up around and outside the wall, but life within goes on in much the same manner as it did before the coming of the United States. The dress, the manners and customs, and the merchandising, as well as the social affairs and methods of transportation by the picturesque karamettas are all unchanged by the new influence. I could not but appreciate the wisdom of the commander of the fort who refused to lend the fire of his guns to help the Spaniards on that memorable day, thereby saving the city from being destroyed or damaged by Dewey's guns.

At that time the city wall was

directly on the Ocean front. Since then hundreds of acres of new land have been made by dredging the bay. The old wall now stands inland several city blocks. On this made land is a beautiful public park, with golf course, tennis courts, etc., besides beautiful flowers and trees and drives along which are many of the new and better residences. On this new land is the beautiful Manila Hotel, the Army and Navy Club and the great new pier and warehouse.

The great question which is agitating the Philippines at present is that of immediate independence from the United States. An automobile ride five miles out of the city showed the Filippinoes living in the poorest kind of grass huts and wearing little or no clothing, children running stark naked about the streets. In spite of all the effort toward education the vast majority of the people are still illiterate. The movement for inde-



This is one of eight buildings erected by the Red Cross in Bangkok, Siam. They are distributed over a campus of many acres beautifully landscaped with trees and flowers, walks and arbors.

pendence seems to arise from a few ambitious politicians whose reputations for keenness of mind is great, but whose honesty and integrity and statesmanship is open to serious question. It was the opinion of our party that some time in the future complete independence might be advisable, but not for some years yet to come.

There are five or six American dentists in Manila, probably enough to take care of the white population. I did not find much "dental enthusiasm" here nor did I gather that these Americans were very chummy with each other, each one rather working out his own problem in his own way. There are many Filipino and Japanese dentists whose signs are displayed everywhere. Dental supplies are dispensed in small quantities. Burs sold singly, wax by the sheet, rubber also. But I came

away with the feeling that dental conditions would mend in Manila, largely due to the progressive spirit of Mr. Springer of the Botica Boie, an importing concern which is rapidly taking on the dental supply business. It's queer how the dental supply man has to keep urging the dentists everywhere to be progressive. It would be better if the dentists were ahead and making demands of the supply men.

Everywhere we go we are met with surprises. Perhaps the greatest one that we have met came to us at Bangkok, Siam. This was our next port after Manila. Now we did not expect much of Siam. We went there because the King had invited the University Afloat to be his personal guests for four days. To be the guests of a king has an appeal which few can refuse even though he be only a small king ruling a small

country; he is none the less a king and in his own realm as great as any. So to Bangkok we went. Siam is seldom visited by world cruises. It is difficult to get to. The ocean liners must stop way out in the bay many miles from the city of Bangkok and the passengers are transferred to smaller boats which make the journey half way, then transfer again to a dinky little old railroad train that is more like a toy than a real thing. After a while you get to Bangkok. The reception committee is a flock of vicious man-eating mosquitoes which do not entertain you with their summer evening song; they do not welcome you with their band, they just settle down and get to business, and you know they are there; all over your head, ears, neck and ankles. These mosquitoes seemed especially fond of white meat. But the sights and experiences of Siam are more than worth all the inconveniences and annoyances attendant on a visit there.

Siam is like a story book come true. The Arabian Nights come to life. Wandering through her magnificent temples, which they call Wats, one expects to meet old Sinbad, the sailor, or see the great Roc come flying overhead bearing in its talons the king's ransom. The people are as yet almost untouched by the outside world; they have not learned that the chief mode of entertaining an American tourist is to separate him from his money. There is no "shopping

district" in Bangkok, only the regular native stores, doing their usual amount of business in the usual way. When tourists begin to go there they will soon change this situation.

Siam is an absolute monarchy. Whatever their little king says is the law. Yet the people are happy and contented. They are fortunate in having had a line of intelligent, progressive monarchs. The present one is about thirty years old, not more than five feet in height. He is a graduate of Oxford University and has surrounded himself with a corps of "advisors," most of whom are Americans, so he is sure of good advice. He is building his country, not for his own personal enrichment, but for the welfare of his people and they appreciate him. The great industry is rice growing. We had seen the wonderful rice paddies and terraces in Japan and the Philippines and supposed that rice was grown like that everywhere, but in Siam we saw hundreds of acres of rice growing on land as level as the wheat lands of Kansas and looking exactly like them as the tall grain waved in the gently blowing breeze. In all this land there is no machinery. Everything is done by hand. The only useful farm animal is the homely water buffalo. He draws the carts, pulls the plows, carries the packs, furnishes the milk, and the meat. Quite a useful animal after all!

The great surprise in Bangkok was the Red Cross Hospital

and the Pasteur Institute. These two institutions have no superior anywhere in the world. And that's no exaggeration. The picture will give some idea of the kind of buildings which compose these groups. There are eight of these buildings besides numbers of smaller ones distributed over a campus of many acres beautifully landscaped with trees and flowers, walks and arbors. The beauty of this can only be pictured in the minds of those who have seen the possibilities of tropical gardens. Every detail of these institutions is complete. One of the interesting departments was the cobra den. Here we saw the technicians handling the deadly reptiles and extracting the poison from their fangs from which they make an antitoxin which daily saves the lives of dozens of these people, for this country is invested by snakes as well as by mosquitoes. In all our travels so far, we have met nothing so amazing as these institutions, built and maintained here in this faraway and little known land. They are now building another similar institution which will have a medical school in connection for the purpose of educating their own people in the healing professions.

The present hospital has a complete dental department with three operating rooms under the direction of Dr. Prong Menajaya, who was connected with the medical department during the World War. After the war he went to England and graduated in dentistry. At the



A Wat in Siam. Siam is like a story book come true. The Arabian Nights come to life. Wandering through her magnificent temples, which they call Wats, one expects to meet old Sinbad the sailor.

hospital he is now training dentists for service in the Siamese Army. The hospital in all its departments is purely a charity institution except, of course, that those who are able to pay are permitted to do so, but no one is turned away for lack of funds. There are five physicians on our ship and all united in wonder and praise of such an institution.

In Siam we first met the beetle nut chewing. No one cares to discuss the habit. Most of the Siamese seem more or less addicted to it and ashamed of it. But Dr. Menajaya expressed himself as thinking that it was the cause of the prevalent condition of pyorrhea. They maintain that the Beetle Nut is somewhat antiseptic and con-

tains an element of emetine which makes it a corrective in cases of dysentery, but its continued use leads to serious pyorrhea and perhaps cancer, although at the hospital they told me that cancer was no more common among these people than in Europe.

Dr. Menajaya also told me that decay of the teeth was becoming much more prevalent among the children and young people and that it was more in evidence in the city than in the country districts. This he said was due to the change in diet. The children in the city had been introduced to the candies and sweets imported from Europe. The people were otherwise modifying their methods of cooking and their treatment of

their rice and other vegetables. In the country district these conditions did not obtain to so great an extent. Therefore the adverse results were not so much in evidence. So I found that, over here in the farthest corner of the earth, they are studying the same problems that we are and studying them perhaps better than we because they have the opportunity of observing people in the primitive stage developing under the impulse of outside contact, and coming by slow degrees or by rapid to take on the ways and habits which we have developed through ages past. Perhaps even obscure Siam will have something to add to the knowledge of America and the great outside world.

Medico-Dental Co-operation Sought

A merger of mutual interests of both the medical and the dental professions for the benefit of suffering humanity was advocated by Dr. Wilmer Krusen, Director of Public Health of Philadelphia and vice-president of Temple University, in an address in Philadelphia recently.

"The medical profession," said Dr. Krusen, "has greater confidence in the dental profession today than ever before in history and there should be still greater co-operation for the good of the patient, who, after all, should be the first consideration."

Dr. Krusen urged as a solution of the lack of more thorough co-operation between these closely allied professions the holding of more frequent joint meetings of medical and dental societies, both of which, he said, are trying hard to get at the truth in regard to the ailments that afflict humanity.

Following Dr. Krusen's address the meeting unanimously adopted a resolution putting the Alumni Society on record as favoring greater co-operation between the medical and dental professions in medical and dental research, "for the benefit of humanity."



What About Charity Cases?

By HENRY TRUAX WILLETT, D.D.S.

Director Dental Hygiene, Long Beach, Calif.

WHAT are you doing for the poor, unfortunate victims of dental disease of your locality? Are such charity cases given relief and treatment, or are they disregarded and left to be a burden to the community? Should their mouths be left in filthiness to decay and impair general health thereby becoming a still larger drain on the community? A negative answer is probable and the problem should not be thought of in too light a sense. It is certainly not the duty of the practicing dentist to devote his time to cases that afford no financial return whatsoever.

Every city is not without its poverty class: people who do not realize the value and importance of dental service. I am not thinking so much of correction as I am of prevention among this type of people; for of what value is correction without prevention? The dental profession and city governments are fast coming to realize the importance of this problem and are consequently establishing dental

clinics where correction and prevention can be administered to the ignorant and poor. The installation of a dental department of social welfare is of benefit, not only to the individual but to the community in general, and also to the practicing dentist as it takes away from his "free list." Something should be done and is being done in many of our progressive cities where poverty and unhealthiness are in evidence. I personally would like to see dental centers in all of our Southern California cities and will endeavor to give a brief summary of what we are accomplishing along this line in Long Beach.

The dental hygiene department of Long Beach is centrally located, being situated in the City Hall and is under supervision of the Social Welfare League. The dental clinic is financed by the city and Social Welfare League and is controlled by an advisory board of practicing dentists. The basis for admission to the clinic is governed by the financial condition of the pa-

tient. Each one seeking service is interviewed by a social worker who, in turn, classifies each according to his or her ability to pay. Individuals under our system are classified into A, no charge; B, ten cents each visit; C, twenty-five cents each visit, and D, fifty cents each visit. A very close check is made and all those able to pay a reasonable fee are referred out to private practitioners. A permanent record card is made out at each examination, showing the necessary work to be done and as the work is completed it is correspondingly checked off on the record card. Each card is filed away upon completion with instructions to the patient to return regularly at four-month intervals.

Like most charity clinics, the department is not self-supporting. Effort is made to obtain a small fee if possible, which educates the people to be more appreciative of the services rendered. If an individual has to pay for this dental service he is more apt to realize its importance and will usually take better care of his mouth in the future. The amount taken in through the clinic, together with our tooth brush sale, practically pays for the supplies used.

We try to handle all cases in our clinic with the exception of gold work and plate restoration. All work referred out is given to a group of men who co-operate and give us a reduced rate. I feel that all of our men here in Long Beach are greatly

interested and co-operate to the greatest extent.

The most modern equipment and supplies are available and we are in a position to handle as many as one hundred and seventy-five appointments each month—of this number we manage to complete about fifty patients, which gives us an average of fifty new patients per month.

Most of our relief is accomplished through extraction and prophylaxis and each patient is requested to procure a tooth brush and is given instruction in its use. Upon completion of the work each patient is taught the fundamentals of oral hygiene, a few suggestions as to diet and advice relative to the care of children's mouths. It is certainly surprising and gratifying to see the influence that two or three short talks have upon these people who know very little of prevention. I have noticed particularly the decrease of pyorrhea among the young adult Mexican people and the lessening of decay of the deciduous teeth of the children of these poorer classes. Records also show a lessening of contagious childhood diseases during the last two years.

What greater charity institution exists than one which can relieve and prevent dental suffering? Long Beach is greatly indebted and owes much to such of its men as Dr. A. C. Meigs, Dr. F. B. Damron, Dr. E. O. Lawing, Dr. Maltby, Dr. Silvia C. Coveit and Miss Annis L. Fletcher, our Superintendent.



What Next?

By S. H. McAFEE, D.D.S., New Orleans, La.

I HAVE carefully read, with great interest and appreciation, Dr. Clarence O. Simpson's "What Next?" in April ORAL HYGIENE. I seldom bust into print, but I feel constrained to offer the following "silent-essay" discussion thereon, if you feel that you can spare enough "pica" or "long-primer" to "compose" it.

Dr. Simpson's article is one of the best I have ever read and I believe this is the best I ever wrote. [With apologies to the lamented Elbert Hubbard and his beautifully bound blank-page "Essay on Silence."]

Winter and

By FRANK W. ROUNDS

I HAVE been much interested in reading the recent work from the pen of Dr. Kells entitled "Three Score Years and Nine." As always, Dr. Kells writes interestingly and instructively.

On page 164 Dr. Kells says: "Don't imagine that just because you have seen Dr. Winter flip out lower third molars in the twinkling of an eye in a dark corner of a clinic room and while gazing at the ceiling that you can do it. Better have a good light and look at what you are doing. Remember that George and Houdini are in the same class and—the class is closed."

I feel sure that Dr. Kells intended to compliment and possibly to flatter Dr. Winter by these remarks, but because by inference they misrepresent the wonderful work Dr. Winter has accomplished in solving the problems associated with the removal of impacted mandibular third molars, I must take exception to them.

After some years of study, in 1913 Dr. Winter wrote "Exodontia," the most comprehensive text book on the subject we have ever had in dentistry. This work was universally adopted by the profession. Dr. Winter himself was not satisfied with the part pertaining to the third molar. He felt that a more thorough

study of the impacted mandibular third molar and its associated structures would bring out much information which would tend to shorten the operative time and materially lessen trauma. Consequently he curtailed the further publication of the work and immediately started his intensive investigations which have now resulted in the complete volume.

This effort has taken thirteen years of the most painstaking research I have ever seen. He has been able completely to classify impactions and evolve an operative technique which to the uninitiated savors of magic. This technique has nothing to do with legerdemain, however. It is not the product of an inspired mind. It represents unstinted hours of labor and honest effort to alleviate human suffering. Common sense and the direct application of the laws of physics form its background.

THE REMOVAL OF A MANDIBULAR IMPACTION IS PURELY A PREOPERATIVE PROBLEM AS HE CLEARLY SHOWS.

Dr. Kells implies that Dr. Winter merely waves his wand and the tooth appears. The truth is that he has properly classified his case and so studied it that when he enters the mouth he knows what he has to do and does it in steps of proper sequence. The result is inevitable.

Houdini

D.S., Boston, Mass.

Humanity is already benefiting by George Winter's work and that work is only begun. Should he, as has Houdini, pass from this stage that work will carry on. There are those in whom he has so instilled the basic principles controlling these things that they will not let it die.

The tooth does appear, but no magic is employed.

I join with Dr. Kells in acclaiming Houdini as a master. He, however, concealed the methods by which he attained his results. Winter has opened his doors to those who desire with him to assist in working out the truth. He is giving the results of his labors freely to the world. The one was a master magician; the other the prince of humanitarian research workers.

For years Dr. Winter has presented to the profession the results of his work accomplished up to that time. Many men the country over have caught his idea and are daily in their respective communities exemplifying with greater or less success according to their abilities and extent of their progress, the methods he has promulgated. To you, Dr. Kells, George Winter is a master magician. To me, he

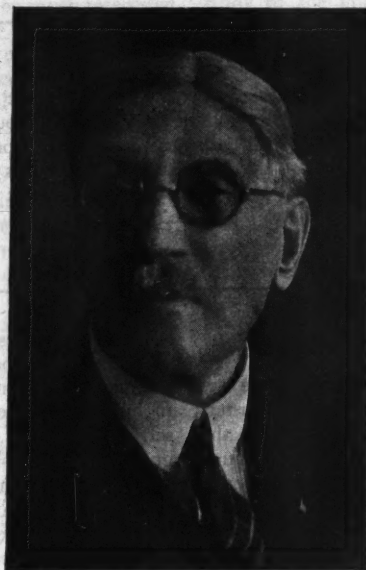
is a tireless, fearless investigator. He is giving his best to advance the specialty that means so much to human welfare. As he himself has learned more, he has given more. You should visit the offices of the men who have so believed in him that they are exemplifying his teachings. You would be surprised and I am sure happily surprised.

Possibly you would be astounded on seeing the results his proteges are accomplishing.

Humanity is already benefiting by George Winter's work and that work is only begun. Should he, as has Houdini, pass from this stage that work will carry on. There are those in whom he has so instilled the basic principles controlling these things that they will not let it die.

Houdini and Winter are not in the same class, Dr. Kells, and the class is *not* closed.

ORAL HYGIENE'S



*Dr. Frank LaSalle of Rochester
whose unique hobby was
making violins*

RECENTLY Dr. Frank LaSalle, Rochester's veteran dentist, celebrated his 95th birthday among friends at the Friendly Home in Pitford, N. Y.

On each anniversary he recalls several notable accomplishments in his long career; among them, that he founded the Rochester Dental Society and that he

practiced dentistry, including his training period, nearly sixty years.

He made the first gold crown for a tooth put on in Rochester and was the first dentist in America to use the metal pivot for either porcelain or gold crowns.

At the time of his retirement in 1923 he was keeping in touch

Old-Timers Series

with all new methods of his profession and taking every periodical printed exclusively for dentists.

He had a dental engine even before going to Rochester fifty-one years ago. It was in Oswego that he invented the metal pivot using a metal as strong as steel for the part. Before that time wooden pivots had been used.

He first used the metal pivot in dental work done for an attorney of Rochester, John McManus.

The first gold crown that was used in Rochester was for the late Representative Thomas B. Dunn.

Dr. LaSalle never attempted to patent the metal pivot that he invented and some years later someone took the idea and patented in under his own name. All this time the Doctor had been giving the profession the benefit of his discovery telling his friends about it freely and without any reward or compensation whatsoever.

The man who claimed the invention began to collect a royalty of \$1.50 for each gold crown put on with this pivot. The Doctor's friends hearing of this took up the fight and reported it to the patent office in Washington. Fortunately for the Doctor, the first patient to

have had the pivot used in his dental work was the lawyer and he brought his legal knowledge to bear on the case.

Among Dr. LaSalle's patients was a member of the Kingsford family who were the discoverers of the method of making cornstarch.

Before coming to Rochester Dr. LaSalle lived in Washington, D. C., while Lincoln was in the White House. The Doctor met the President and spoke to him nearly every day when he was taking his morning walks.

Dr. LaSalle's hobby was making violins and he was a musician of no mean ability himself. Altogether he made fifteen violins while indulging in this hobby; one of them was for the late Henri Appy, once the foremost violin master of Rochester.

Dr. LaSalle never has learned to like jazz music and frequently writes to radio broadcasting studios requesting selections from the masters, now that he has become an ardent radio fan.

In spite of his 95 years the Doctor is looking forward to many more happy anniversaries. A number of the Doctor's ancestors lived to a ripe old age; his grandmother lived 112 years. It looks as though the Doctor is carrying out the family trait.

EDITORIALS

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Penna.



The Unfit

THE statistics of the Life Extension Institute are constantly cited to show the decadence of the human race. This concern states that in 500,000 examinations only one person was found perfect—"physically"—what the mental attitude and equipment of this paragon was we are unable to say.

The physical human is constantly compared to the state of perfection of the lower animals.

As a scientific proposition this comparison is about as apt as the comparison of the mental development of humans and animals.

In the first place what is the absolute normal? The answer is: the normal is the opinion of a person or persons who claim to know. In Life Extension Institute figures you must always bear in mind the intention of the organization to spread a desire for physical

examination among the multitude. This is very laudable but like the doctrine of "Original Sin" it doesn't minimize the alarm.

Now the facts about humans are these: first—the human of today lives longer than his ancestors did. That is unless he is a bootlegger or a pedestrian. Second—there are too many of them (humans) in the world—particularly in New York and China.

When we compare people with animals in the matter of physical perfection we overlook the fact that domestic animals are carefully bred—the weaklings destroyed—the choicest saved for parentage and the average used during the period of their prime and then executed.

This would be rather a brutal method of treating humans and under such a system many of us would no longer be upon earth.

Just think of the ravages among our lame duck office-holders. Anyway, the comparison of the haphazard method of raising people and the careful methods of raising animals presents a fair comparison of results.

If we consider the wild animal there again is selection based upon the survival of the fittest. Only the best among wild animals ever reach adult life and as soon as age begins to tell, they either succumb to hunger or to their more active contemporaries.

The only thing to which we can compare the human being is to other humans. If there is any higher organism than man we cannot see it, so we cannot go above our level in

physical investigations. We are, therefore compelled to strike an average to find the normal.

The only fair system of physical examination would have three classes—the normal or average, the sub-normal and the super-normal.

There is no doubt in the world that those who are carefully following scientific hygiene, general and special, are developing into the super-normal class.

Just remember that the gentle art of advertising was invented to get business, but on the other hand even in the greatest exaggeration there is a germ of truth.

Have a physical examination made now and then by your own physician and your own dentist. If their findings do not seem rational have them checked up by someone else—someone in a different office building.

When you have your heart examined first remember that three things are necessary—a well trained physician, a good stethoscope and a normal pair of ears. I had my heart examined once by a man who had the first two items, that is he was well trained and had a good stethoscope but he had a large accumulation of wax in his ears. His diagnosis of Mitral sterosis was due to the wax and not to my heart. Needless to say I was scared pink until a couple of good men with good ears upset the diagnosis. I have not suffered from a fatal heart lesion since. In spite of all of your uplift agencies the human race is improving.

A Lay Message

THE whole span of life is the time between two meals—the first and the last.

Birth always occurs before the first meal, and death invariably follows the last meal.

Into the mouth that first meal goes, and into the mouth must go all of the other meals. How can you expect health if you place all of your food into a mouth full of infected and diseased teeth? How can you expect to masticate the regular food that you will eat, from the time you graduate out of the milk business, until you go into real estate, unless you so care for your teeth that you will always have a sufficient number in good working order?

The meals that nourish you are the meals that prolong life and bring contentment as well as accomplishment. If you have an ambition to be an invalid, just neglect your mouth.

Keep your teeth clean. Have the cavities filled when the cavities are small. If you have hopelessly diseased teeth, have them taken out and in due time replace them with bridges or plates.

In the first place, do not encourage mouth diseases by neglect. In the second place, do not let a sentimental attachment for a source of infection keep you from getting rid of any tooth that proper treatment cannot restore to health.

Care of the teeth is just a matter of good common sense.



LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

LITTLE BOY—Please, may I have my arrow?

LADY NEXT DOOR—Yes, with pleasure. Where is it?

LITTLE BOY—I think it's stuck in your cat.

He did not heed the safety sign, But rushed ahead pell-mell—

The doctor told the sexton, And the sexton tolled the bell.

JENKS—He cleaned up a fortune on crooked dough.

JINKS—Counterfeiter?

JENKS—No, pretzel manufacturer.

He had been looking over the birthday cards on the counter for some time when the salesman approached and suggested, "Here's a lovely sentiment, 'To the only girl I ever loved'."

"That's fine, I'll take five, no, six of those, please."

DR. CLARK—I'll sew this scalp wound for you for \$10.00.

CABBY—Gee, Doc, I just want plain sewing, not hemstitching and embroidery.

CRAWFORD—How is it that you never take your wife when you go motoring?

CRABBY—This old car of mine can give me all the argument I want.

AGNES—I think it's perfectly terrible the way you lead men on.

MAUDE—Lead men on? Don't make me laugh. It's all I can do to hold them back!

ARDENT GOLFER (trying to get on his pet topic of conversation)—May I ask—er—what is your handicap?

STRANGER (sadly) — Wife and eight children.

"Ah, well," moralized the moralizer, "somewhere behind the clouds the sun is shining."

"Maybe," demoralized the demoralizer, "and under the sea is land, but that doesn't help a guy when he falls overboard."

MR. X—I want to buy a present for my wife.

CLERK—Can I interest you in something in silk stockings.

MR. X—Well, let's see about the present first.

If some men could find other things as easy as they find fault they'd be rich.



DETROIT--- Old and New

By GEORGE C. BOWLES, D.D.S., Detroit, Mich.

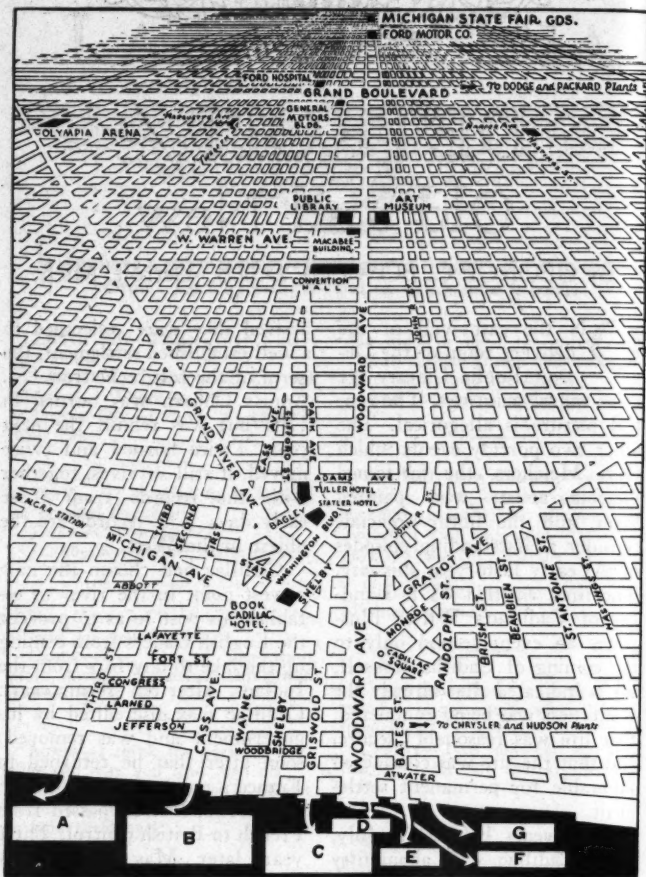
ON the east wall of the delivery room of the Detroit Public Library are three mural paintings. The central picture is allegorical. The other two portray events which Gari Melchers, the far-famed Detroit artist, who painted them, and the library officials consider as outstanding episodes in the early history of this city. The first, entitled "The Landing of Cadillac's Wife," illustrates an event second only to the coming of Cadillac himself, for it indicated that already the wilderness was being conquered, that life was reasonably secure, and that the site was considered favorable for permanent settlement.

Two years before, in July, 1701, Cadillac, with about fifty artisans and fifty soldiers, had arrived from Montreal; two days later the foundations for St. Anne's Church, shown just back of the block house in Melcher's painting, were laid. The post was named Fort Pontchartrain, and when Madame Cadillac and Madame Tonty, the wife of Cadillac's lieutenant,

arrived they were welcomed to a well established settlement, the germ of the future Detroit. St. Anne's Church was burned in 1703 but was rebuilt the next year. Twice burned and twice moved, it still survives, together with the records from those early days. The records are the oldest in the West.

Cadillac had chosen the narrowest point in the river to establish his post so as to prevent the English traders from coming up the lake to buy furs from the Indians. After ten stormy years, Cadillac was discredited by his government and was removed; soon after that he returned to France a poor man.

In 1760, Detroit passed from French to British control. Three years later, May 8, 1763, occurred the event depicted in the second picture, "The Conspiracy of Pontiac." It represents Pontiac presenting the wampum belt right side up to Major Gladwin. Sixty Indian chiefs with sawed-off muskets under their blankets keenly watched for this moment. Had the belt been presented upside down the unarmed garrison



A. To Cleveland, Buffalo and to Chicago. B. Put-in-Bay. C. Port Huron. D. Detroit-Windsor Ferry. E. Belle Isle Ferry. F. Bob-lo. G. Tashmoo Park.

and the whole English settlement would have been massacred. But Gladwin had been warned of the plot and was fully prepared. Foiled in his strat-

egy, Pontiac and his followers withdrew and the settlement was saved to undergo a harrowing and devastating siege of 153 days' duration when, finally,

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Pontiac sued for peace. Pontiac had organized a confederation of Indian tribes for the purpose of driving the English out of the country. He planned simultaneous attacks on the forts at Pittsburgh and Erie, Pa.; Sandusky, Ohio, and St. Joseph, Mackinaw and Detroit in Michigan. In Detroit alone he was unsuccessful; his personal defeat here broke up the confederation of the Indian tribes. Two years later, Pontiac announced his allegiance to the British, saying: "While I had the French King by the hand, I held fast to it. I shall do the same with the English, and so will all the western tribes." He kept his word.

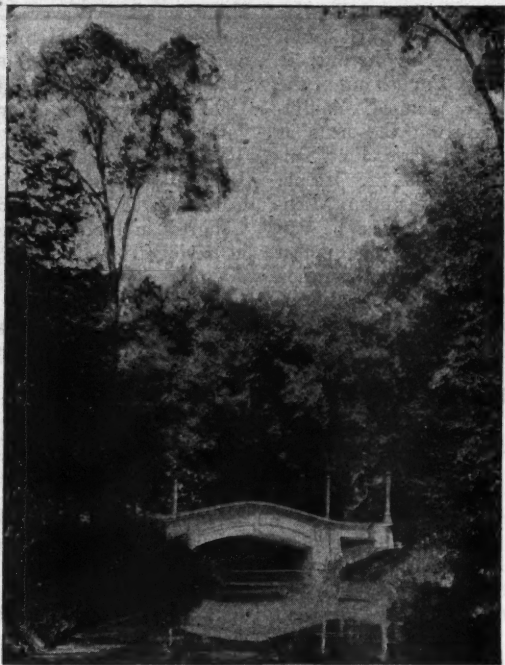
At one time during the French occupation the population of Detroit dropped to thirty. In 1773 the population was 1,367 of whom 46 were male and 39 female slaves. In 1782 it had increased to 2,191, including 78 male and 101 female slaves. The slaves were both Indians and Negroes. These figures include the residents not only of Detroit, but of the entire settlement extending for several miles up and down the river.

Colonel Anthony Wayne's victory over the British, near Toledo, led to the Jay Treaty. Accordingly in 1796 the American flag, containing 15 stars, was raised over Detroit for the first time, the city being peaceably surrendered by the British commandant, Colonel Richard England, to Colonel John F.

Hamtramack. Wayne County and the city of Hamtramack were named after these officers.

Detroit was incorporated in 1802 and for three years was governed by a board of trustees. The chairman of this board, John Askin, a few years before had connived with members of Congress and almost succeeded in buying from the government 20 million acres of the richest section of Michigan, Ohio, Indiana and Illinois at two and one-half cents an acre, on time payments.

In 1805 Michigan territory was created, and when Governor William Hull and Judges Woodward, Gates and Griffen came to rule over it they found Detroit in ashes. A spark from baker John Harvey's clay pipe had started a fire which left only one building standing. Undaunted by this calamity, the hope and faith of the citizens was expressed in the legend adopted for the seal of the city: "Speramus Meliora: Resurget Cineribus." "We hope for better days: it shall rise from its ashes." It did, with designs for wider streets and a fairer city, after Judge Woodward's adaptation of L'Enfants' plan for the city of Washington. The plan was soon forgotten, however, and before long the streets were laid out with no plan at all. In 1812 General Hull surrendered Detroit to General Brock without a show of resistance, "for reasons of humanity" and for thirteen months the city was again, in possession of the Brit-



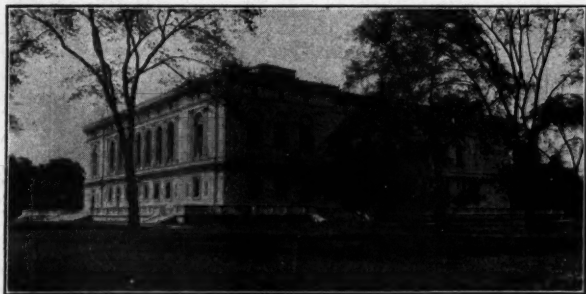
Scene on Belle Isle where Detroit romps and plays.

ish. After Perry's victory on Lake Erie, the American forces returned to Detroit, September 29, 1813. Dissatisfied with the rule of the Governor and Judges, Detroit was reincorporated in 1815 and given a local governing board elected by the townspeople. The officers of the first board were Solomon Sibley, James Abbott and Thomas Rowland. City streets were named after all three.

An awakened interest in education culminated in 1817 in the passing of an act by the Gov-

ernor and Judges for the founding of a university to be known as the "Catholepistemiad" or "University of Michigania." Thirteen professorships were provided for. The presidency of the University, together with seven of the professorships were conferred upon the Rev. John Montieth, Presbyterian, and the vice-presidency and the remaining six professorships were bestowed upon Father Gabriel Richard, the Catholic priest of the settlement since before the fire. The Governor and Judges

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Detroit Public Library

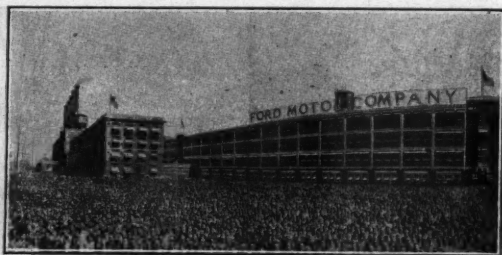
appropriated \$300 for the erection of the building and \$80 for a lot. Later this was swelled by an additional \$200. Subscriptions to the amount of \$5,100 were made by the enthusiastic citizens, but when it came to paying the money, interest waned. The building was finally completed. The University staggered along with such meager support that the Board of Trustees decided in 1827 to let the teacher continue at his own risk. The regents of the newly established state university at Ann Arbor came to its rescue in 1837. From 1844 to 1858 the school was conducted by the local board of education.

June 25, 1817, the *Detroit Gazette* issued its first number. This was the first newspaper of the territory and was published continuously until 1830 when the office was destroyed by fire. The next year, 1818, saw the birth of steam navigation on the great lakes when the Walk-in-the-Water, after a four days' run, arrived from Black Rock

on the Niagara River, where it had been built.

In 1819 Michigan Territory sent William Woodbridge, its first delegate to Congress. In 1823 occurred one of the most interesting election contests in the history of Detroit which resulted in the election of Father Gabriel Richard as territorial delegate. He was the first Roman Catholic priest to appear in Congress. He dressed in the garb of a long past generation with the knee breeches and silk stockings "and consumed enormous quantities of snuff." He secured the first appropriation for the Government road across the state, beginning with Michigan Avenue in Detroit and ending in Michigan Avenue in Chicago. Father Richard played a conspicuous part in the early history of Detroit and his name is perpetuated by a statue on the City Hall and by a branch library named in his honor.

Michigan was admitted to the Union in 1837 and for ten years Detroit was the capitol. Stephen



Ford's Highland Park Plant.

Thomas Mason, who at the age of nineteen, became acting governor of Michigan Territory, was, by a narrow margin, elected first governor of the state.

Up to 1820 the growth of the city was slow, the population being but 1,442 that year. It increased fifty-four per cent the next decade, and in the next 317 per cent, the population in 1840 being 9,102.

Dr. Hiram Benedict, a local dentist, was an ardent abolitionist. One day in 1854 he met W. D. Cockron on Jefferson Avenue and began discussing the necessity of a new party. Others joined in, among them Zachariah Chandler and Jacob M. Howard. As a result of that conference a mass convention of "Freesoilers" met in Jackson, Michigan, July 6, 1854, and the Republican party was born.

Detroit is thought of by many as being a one-industry town, a town made by the automobile, but about the middle of the last century it began to develop as an important industrial center. Copper smelting works were established in 1850, the Eureka

Iron and Steel Works in 1854. Here Bessemer steel was made for the first time in this country. Some of the largest present-day industries were begun before 1875—among them the largest producers in the world of freight and refrigerator cars, stoves, drugs and medicines, seeds, etc. In 1880 Detroit had 919 factories employing 16,110 persons and a payroll of \$6,306,460. In 1892 there were 2,200 factories with 45,000 employees receiving \$20,500,000 in wages. Between 1850 and 1900, before the birth of the automobile industry, Detroit increased in population from 21,019 to 285,704, or more than thirteen times.

1899 R. E. Olds organized a company and the first Oldsmobile was built. In 1902 Oldsmobile production was 2,500 and a new Detroit industry was established. Then Henry M. Leland, the Dodge Brothers, Henry Ford, and others entered the field and to the long list of activities in which Detroit leads the world, was added another, the automobile industry.

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Company produced more than two million cars, and the car bearing serial number 13,000,000 was sold. With this amazing development all the world is familiar. And the city has kept pace with it. As one instance, eighteen hotels were built in twenty months, one of them the new Book-Cadillac, the tallest in the world, one of the finest and the largest west of New York. The General Motors Building in the largest office building in the world. The new Masonic Temple is the largest and finest in the world. Those fond of superlatives may journey on the largest municipally owned and operated street railway system in the world and view some thirty buildings, institutions or factories, which in themselves or in their productions, are listed as the largest in the world. And during the trip he may view some of the 67 hospitals, or admire some of the 2,140 public schools, or perhaps halt a while in one or more of the 50 public parks. For 386 Sundays he may worship in a different church. There are 46 banks and 240 branch banks in which he may deposit his money.

The city is 602 feet above sea level and is immune to earthquakes, hurricanes, floods and extremes of heat or cold. It has an area of 139 square miles, over 15 miles of waterfront and 9,300 miles of paved streets. Its population is estimated at 1,561,437 and its average increase is 10,000 a month. It has 3,500 manufacturing plants, of which

31 produce automobiles and 165 automobile accessories.

Before Detroit became the world's automobile center it was noted for its beautiful homes. Very many of these have been swept away, and with them, alas, many of the priceless historic landmarks, by the onward trend of business and the demand for apartment sites. But new residential sections, more beautiful than the old, have taken their place, and while the bronze tablets are all that is left to commemorate the disappearing historic landmarks, Detroit still remains a city of beautiful homes. It ranks first among the cities in the percentage of home-owning citizens.

Radiating out of Detroit the primitive trails of the Old Northwest Territory, over which twenty miles was a big day's journey, are now concrete highways inviting the automobilist out into the rolling country and to the inland lakes. More than thirty of these lakes, formed by glacial action in the long ago, are within an hour's ride of Detroit.

The Detroit river is the world's greatest commercial highway. It carries an annual tonnage equal to that clearing from New York, London and Liverpool combined. And equally unsurpassed are the opportunities it offers for restful, health-giving outings to countless thousands, during the summer season. Every few minutes ferries leave Windsor, Ontario, the Canadian city, whose his-

tory has been indelibly linked with that of Detroit from its earliest days. Passengers may ride on the ferry boats all day long if they wish. Every twenty minutes boats leave for Belle Isle, the city park in the midst of the Detroit river. Its 754 natural and landscaped acres together with the surrounding river, the canals and the lagoons provide facilities for almost every form of outdoor sport and recreation. These include boating, yachting, canoeing, golf, football, baseball, tennis and even symphony orchestra concerts. More than a third of a million persons use the bathing beach in a season. The passengers on the Belle Isle boats are at liberty to ride all day long if they wish. To Bob-lo, eighteen miles down the river, the boats make three trips daily. From Port Huron and Sarnia on the north, to Put-in-Bay and Toledo on the south, daily trips on the palatial steamers can be enjoyed at very moderate fares.

And from Detroit radiate also the air routes to a steadily increasing number of the important centers of the country, and these routes are traversed by the latest product of Detroit's industry—all-metal air ships—which leave and arrive, with their cargoes of mail and express, with the regularity of the railroad or steamship schedules. For those looking for the last word in real thrills a de-luxe passenger air ship makes daily round-trip runs between Detroit

and Grand Rapids. These all-metal enclosed cabin monoplanes accommodate six passengers comfortably, and are the safest in the world. From whatever angle the plane may be flying, on release of the controls, it automatically returns to the normal flying position.

From every angle—location, environment, equable climatic conditions, abundance of good water, and natural drainage—Nature has been very kind to Detroit. To these natural advantages a fine civic and industrial spirit has added opportunity for culture, recreation and employment—over 300,000 are employed in the factories alone. Over 208,000 pupils attend the public day schools and 18,000 attend the night schools. There are 1,039 students in the law schools and 266 students are enrolled in the Detroit College of Medicine. Homes were built for 26,485 families in 1925. Last year 352 conventions and 1,500,000 tourists came to Detroit. Records show that one out of every twenty of these visitors returns here for permanent residence. The slogan of the city is "In Detroit Life is Worth Living." And the constant aim of its citizens, as a whole, is to make it ever more so.

The officers of the American Dental Association are planning for the finest meeting, next October, in the history of the organization. There is no more fitting setting for it in the country than Detroit.